Massachusetts Immunization Program

INFLUENZA VACCINE AGGREGATE USAGE REPORT 2012-2013

							J	1010							
Pin Number: Provider Site Name:					Date:										
					Contact Person:										
City or	Town	ı:					P	Phone N	umber:()_					
Total 0	.5 dos	es rece	eived:		Tota	al 0.25 d	oses reco	eived:	T	otal flu	mist doses	receiv	ed_		
data mu Please had ma beyond column	do no de an vour in the after t	reporte t subn initia origin ne tab	ed to th nit mo l requ nal all le belo	ne Mas nthly est for ocation w the	sachuse reports addition 1. Only numb	etts Depa . One ronal dos v for site er of ad	ertment of eport such es of 20 es reque	of Publication of Pub	Health (l by Ma eater or a dditiona needed.	MDPH rch 8, are nov l doses You m	oplied influe on or before 2013 is suft we asking for s, please in the play continue 13, should be	ore Marien Ficien r add dicate e to a	arch t <u>un</u> ition e in admir	8, 2013. less you al doses the last nister flu	
as possi	ioic.	Fax	vour	influe	enza va	accine a	aggreg	ate usa	ge repo	ort to:	617-983-	6924			
	<1	1	2	3-5	6-12				~ -		Total Doses Administered	Remai Inven	ining	Additional Doses Requested	
0.5 ml dose															
0.25 ml dose FluMist															
- I univilist															
for the lo A. Spoil B. Dama	oss by us age due aged/Co	sing one to brea	of the f k in colo	following d chain o	g 4 codes or refrige	eration		reason	0.5 m	ıl dose	Numbe Doses I	-		son for Loss*	
D. Expi			ning dos	ses in op	enea mu	lti-dose via	ais		0.25 m	l syring	ge				
provider.	Please	circle d	oses rec	eived or	doses re	received fr distributed	l. If you ha	ave any	Flu	Mist					
questions	s, please			ne Mana		Jnit @ 61'	7-983-682	_	of 0.5	NT -	of 0.25	NT.	- cf 1	Flumiet	

Pin#	Name of Provider	date	No. of 0.5	No. of 0.25	No. of flumist
			doses received	doses received or	doses received or
			or redistributed	redistributed	redistributed

vaccine-flu-usage-form 6/12